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Freestanding midwifery units versus obstetric units: does the effect of place of birth differ with level of social disadvantage?

Charlotte Overgaard, Morten Fenger-Grøn and Jane Sandall

Social inequity in perinatal and maternal health is a well-documented health problem even in countries with a high level of social equality. We aimed to study whether the effect of birthplace on perinatal and maternal morbidity and birth interventions among low risk women intending to give birth in two freestanding midwifery units (FMU) versus two obstetric units in Denmark differed by level of social disadvantage.

The study was designed as a cohort study with a matched control group. It included 839 low-risk women intending to give birth in an FMU, who were prospectively and individually matched to 839 low-risk women intending OU birth.

Women in the FMU group had a significantly higher likelihood of uncomplicated, spontaneous birth with good outcomes for mother and infant compared to women in the OU group. The likelihood of intact perineum, use of upright position for birth and water birth was also higher. No difference was found in perinatal morbidity or third/fourth degree tears, while birth interventions including caesarean section were significantly less frequent among women in the FMU group.

In all cases, socially disadvantaged women intending to give birth in an FMU had comparable and, in some respects, more favourable outcomes when compared to women with identical characteristics intending to give birth in an OU. The effect of birthplace on birth outcomes was not found to differ with women's level of social disadvantage.

FMU care appears to offer important benefits for birthing women with no additional risk to the infant. All women should be provided with adequate information about different care models and supported in making an informed decision about the place of birth.